

MAR 01 1994

OMB#: 2050-0024 Expires 8/31/96

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

AMANA REFRIGERATION

Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

IAD000610436

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
ICIDENTIFICATION AND
CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box ☐ in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County Iowa	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1991? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> <u>IA</u>	H. Zip Code Same as label <input checked="" type="checkbox"/> <u>52204</u>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX B)		
B. Number and street name of mailing address		
C. City, town, village, etc.	D. State <u>IA</u>	E. Zip Code <u>52204</u>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. Steiff Robert A.			B. Title Supervisor Waste Treatment	C. Telephone <u>319</u> <u>622</u> <u>2175</u> Extension <u>2175</u>
--	--	--	---	--

Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true and accurate. There are no significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information for knowing violations."



R00027653

RCRA Records Center

A. Please print: Last Name First name M.I. Swanson Lawrence E.			B. Title Vice President-Operations (Amana)
C. Signature <i>Lawrence E. Swanson</i>			D. Date of signature <u>02</u> <u>24</u> <u>94</u> MO. DAY YR.

Sec.V - Generator Status

EPA ID NO. I I A D O O 6 1 0 4 3 6

A. 1993 RCRA generator status

Instruction page 10.

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non generator (Continue to Box B)

SKIP to SEC. VI

B. Reason for not generating

Page 12.

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13.

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.

1

C. RCRA-exempt treatment, disposal, or recycling Page 13.

3

Sec.VII - Waste Minimization Activity during 1992 or 1993

A. Did this site begin or expand a source reduction activity during 1992 or 1993? Page 14.

- ☒ 1 Yes
☐ 2 No

B. Did this site begin or expand a recycling activity during 1992 or 1993? Page 15.

- ☒ 1 Yes
☐ 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1992 or 1993? Page 15.

- ☒ 1 Yes
☐ 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1992 or 1993? Page 15 (CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|---------------------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1992 or 1993? Page 15. (CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

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HWY 220

AMANA, IA 52204

IAD000610436

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Flammable-spent solvent from Painting operation - mixture of Toluene and other solvents.		
B. EPA hazardous waste code Page 19. D 0 0 1 D 0 1 8 D 0 3 5 F 0 0 3 F 0 0 5		C. State hazardous waste code Page 19. _ _ _ _ _		
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19 System Type L M _ _ _	F. Source code Page 20. A 2 1	G. Point of measurement Page 20. 2	H. Form code Page 20. B 2 0 3
		I. RCRA - radioactive mixed Page 20. 2		

Sec. II		A. Quantity generated in 1992 Instruction Page 21. 1 3 8 7 7 1 .		B. Quantity generated in 1993 Page 21. 1 5 5 0 9 0 .		C. UOM Page 21. 1 _ . _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2					
On-site process system type Page 22. L M _ _ _		Quantity treated, disposed, or recycled on site in 1993 _ _ _ _ _ .		On-site process system type Page 22. L M _ _ _		Quantity treated, disposed, or recycled on site in 1993 _ _ _ _ _ .			

Sec. III		A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to Page 23. L M 1 4 1	D. Off-site availability code Page 23. 1	E. Total quantity shipped in 1993 Page 23. 1 5 9 8 4 4 .	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. N A	C. System type shipped to Page 23. L M _ _ _	D. Off-site availability code Page 23. _	E. Total quantity shipped in 1993 Page 23. _ _ _ _ _ .	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24. L W _ _ _ L W _ _ _ L W _ _ _ L W _ _ _	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _ _ _ _ _ .	E. Activity/production index Page 25. _ . _	F. 1993 source reduction quantity Page 28. _ _ _ _ _ .	

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Sec. I A. Waste description - Instruction page 18. Flammable-spent solvent from cleaning in Paint Department - mixture of Mineral Spirits, Xylene					
B. EPA hazardous waste code Page 19. <u>D 0 3 5</u> <u>D 0 1 8</u> <u>D 0 0 1</u> <u>F 0 0 3</u> <u>F 0 0 5</u>			C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. <u>3 6 3 2</u>	E. Origin code <u>1</u> Page 19 System _____ Type <u>LM</u> _____	F. Source code Page 20. <u>A 9 2</u>	G. Point of measurement Page 20. <u>2</u>	H. Form code Page 20. <u>B 2 0 3</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II A. Quantity generated in 1992 Instruction Page 21. <u>1 2 4 2 0</u>		B. Quantity generated in 1993 Page 21. <u>6 9 0 0</u>		C. UOM Density Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2					
On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____	

Sec. III A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>I N D 0 1 6 6 2 1 4 7 6</u>	C. System type shipped to Page 23. <u>M 1 4 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>6 4 4 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>I N D 9 8 0 5 9 0 9 4 7</u>	C. System type shipped to Page 23. <u>M 0 5 1</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>9 2 0</u>

Sec. IV A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. <u>W</u> _____ <u>W</u> _____ <u>W</u> _____ <u>W</u> _____	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 28. _____	

Comments:

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INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Flammable-spent solvent from painting of plastic parts - Methyl Ethyl Ketone Mixture		
B. EPA hazardous waste code Page 19. D 0 0 1 D 0 0 7 D 0 0 8 D 0 3 5 D 0 1 8		C. State hazardous waste code Page 19. _ _ _ _ _		
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19 System Type L M _ _ _	F. Source code Page 20. A 2 1	G. Point of measurement Page 20. 2	H. Form code Page 20. B 2 1 1
I. RCRA - radioactive mixed Page 20. 2				

Sec. II		A. Quantity generated in 1992 Instruction Page 21. _ _ _ _ 9 5 0 . _		B. Quantity generated in 1993 Page 21. _ _ _ _ 0 . _		C. UOM Page 21. 1 _ _ _ . _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. L M _ _ _		Quantity treated, disposed, or recycled on site in 1993 _ _ _ _ _ . _		On-site process system type Page 22. L M _ _ _		Quantity treated, disposed, or recycled on site in 1993 _ _ _ _ _ . _			

Sec. III				
A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. I N D 0 1 6 6 2 1 4 7 6	C. System type shipped to Page 23. L M 1 4 1	D. Off-site availability code Page 23. 1	E. Total quantity shipped in 1993 Page 23. _ _ _ _ 4 7 5 . _
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. N A	C. System type shipped to Page 23. L M _ _ _	D. Off-site availability code Page 23. _	E. Total quantity shipped in 1993 Page 23. _ _ _ _ _ . _

Sec. IV					
A. Did new activities in 1993 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)					
B. Activity Page 24. L W 4 2 L W 8 2 L W 8 9 L W N A	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. N A	E. Activity/production index Page 25. N A	F. 1993 source reduction quantity Page 28. _ _ _ _ 9 5 0 . 0	

Comments:

Reference Sec. I, Box B, F003, F005

Reference Sec. IV, Box B, Parts are being painted by a vendor.

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Sec. I		A. Waste description - Instruction page 18. Flammable solid from cleaning of silk screening in plastic part production - solvent soak rags			
B. EPA hazardous waste code Page 19.		C. State hazardous waste code Page 19.			
D 0 0 1 0 0 1 8 F 0 0 3 F 0 0 5 N A					
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19 System Type LM	F. Source code Page 20. A 2 1	G. Point of measurement Page 20. 2	H. Form code Page 20. B 4 0 9	I. RCRA - radioactive mixed Page 20. 2

Sec. II		A. Quantity generated in 1992 Instruction Page 21.		B. Quantity generated in 1993 Page 21.		C. UOM Page 21.		Density		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.	
		2 0 4 0		4 3 7		1				<input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1				ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1993		On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1993					
LM				LM							

Sec. III		A. Was any of this waste shipped off-site in 1993 Instruction page 23.		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV)	
Site 1	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1993 Page 23.	
	I N D 0 1 6 6 2 1 4 7 6	M 1 4 1	1	6 1 2	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23.	C. System type shipped to Page 23.	D. Off-site availability code Page 23.	E. Total quantity shipped in 1993 Page 23.	
	I N D 9 8 0 5 9 0 9 4 7	M 0 5 3	1	6 8	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24.	C. Other effects Page 24.	D. Quantity recycled in 1993 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1993 source reduction quantity Page 26.	
W 4 2 W 8 2 W N A W N A	<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	N A	1 1	1 6 5 0 0	

Comments:

Reference Section I, Box H, Rags soaked with non-halogenated solvent

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Sec. I		A. Waste description - Instruction page 18. Combustible-spent solvent from cleaning or parts, Petroleum Naphtha			
B. EPA hazardous waste code Page 19. <u>D 0 0 1</u> <u>D 0 1 8</u> <u>D 0 3 9</u> <u>N A</u> <u>N A</u>		C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3 6 3 2</u>	E. Origin code <u>1</u> Page 19 System Type <u>LM</u>	F. Source code Page 20. <u>A 0 4</u>	G. Point of measurement Page 20. <u>2</u>	H. Form code Page 20. <u>B 2 1 1</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II		A. Quantity generated in 1992 Instruction Page 21. <u>1 3 8 0</u>	B. Quantity generated in 1993 Page 21. <u>2 1 5 5</u>	C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2			
On-site process system type Page 22. <u>LM</u>		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. <u>LM</u>	
		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input type="checkbox"/> 2 No (SKIP TO SEC IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>I A D 0 2 2 3 6 5 4 8 0</u>	C. System type shipped to Page 23. <u>M 0 2 4</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1993 Page 23. <u>2 1 5 5</u>	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N A</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u></u>	E. Total quantity shipped in 1993 Page 23. _____	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 28. _____	

Comments:

Reference Sec. III, C Vacuum Distillation

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Sec. I A. Waste description - Instruction page 18.
Solids from urethane foaming of refrigerators, Poison B, Toluene Diisocyanate solids

B. EPA hazardous waste code Page 19.

U 2 2 3 N A
N A N A N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code Page 19

System
Type LM

F. Source code Page 20.

A 5 6

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 4 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992 Instruction Page 21. 3 0 0
B. Quantity generated in 1993 Page 21. 1 0 0
C. UOM Page 21. 1
Density
□ 1 lbs/gal □ 2 sg
D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
□ 1 Yes (CONTINUE TO SYSTEM 1)
X 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled
on site in 1993

1 0 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

LM

Quantity treated, disposed, or recycled on site
in 1993

1 0 0

Sec. III A. Was any of this waste shipped off-site in 1993 X 1 Yes (CONTINUE TO BOX B)
Instruction page 23. □ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

I N D 0 1 6 6 2 1 4 7 6

C. System type shipped to
Page 23.

M 1 4 1

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

1 0 0

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

N A

C. System type shipped to
Page 23.

M

D. Off-site
availability code
Page 23.

1

E. Total quantity shipped in 1993
Page 23.

1 0 0

Sec. IV A. Did new activities in 1993 result in minimization of this waste? □ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. X 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

LW LW
LW LW

C. Other effects Page 24.

□ 1 Yes
□ 2 No

D. Quantity recycled in 1993 due to new activities
Page 25.

1 0 0

E. Activity/production
index Page 25.

1 0 0

F. 1993 source reduction quantity Page 28.

1 0 0

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Sec. I		A. Waste description - Instruction page 18. Lab packed waste		
B. EPA hazardous waste code Page 19. D 0 0 1 U 2 4 0 L A B P NA NA		C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19 System Type LM	F. Source code Page 20. A 5 8	G. Point of measurement Page 20. 3	H. Form code Page 20. B 0 0 3
		I. RCRA - radioactive mixed Page 20. 2		

Sec. II		A. Quantity generated in 1992 Instruction Page 21. 2 9 2 2		B. Quantity generated in 1993 Page 21. 3 9 8 8		C. UOM Page 21. 1 _____ □ 1 lbs/gal □ 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. □ 1 Yes (CONTINUE TO SYSTEM 1) X 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. LM		Quantity treated, disposed, or recycled on site in 1993 _____		On-site process system type Page 22. LM		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV)							
Site 1		B. EPA ID No. of facility waste was shipped to Page 23. L A D 0 1 0 3 9 5 1 2 7		C. System type shipped to Page 23. M 0 4 9		D. Off-site availability code Page 23. 1		E. Total quantity shipped in 1993 Page 23. 3 5 7 3	
Site 2		B. EPA ID No. of facility waste was shipped to Page 23. T X D 0 5 5 1 4 1 3 7 8		C. System type shipped to Page 23. M 0 4 9		D. Off-site availability code Page 23. 1		E. Total quantity shipped in 1993 Page 23. 4 1 5	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)							
B. Activity Page 24. W W W W		C. Other effects Page 24. □ 1 Yes □ 2 No		D. Quantity recycled in 1993 due to new activities Page 25. _____		E. Activity/production index Page 25. _____		F. 1993 source reduction quantity Page 28. _____	

Comments:

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AMANA REFRIGERATION

Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Sodium salts solid from paint stripping in the Paint Department, corrosive solid, mixture of paint pigments and sodium salts			
B. EPA hazardous waste code Page 19. <u>D1002</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>		C. State hazardous waste code Page 19. _____			
D. SIC code Page 19. <u>3632</u>	E. Origin code <u>1</u> Page 19 System Type <u>LM</u>	F. Source code Page 20. <u>A01</u>	G. Point of measurement Page 20. <u>I</u>	H. Form code Page 20. <u>B315</u>	I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II		A. Quantity generated in 1992 Instruction Page 21. <u>92708</u>		B. Quantity generated in 1993 Page 21. <u>124509</u>		C. UOM Page 21. <u>1</u> _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. <u>M121</u>		Quantity treated, disposed, or recycled on site in 1993 <u>112112</u>		On-site process system type Page 22. <u>NA</u>		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1993 Page 23. _____	
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1993 Page 23. _____	

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24. <u>W</u> <u>W</u> <u>W</u> <u>W</u>	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. _____	E. Activity/production index Page 25. _____	F. 1993 source reduction quantity Page 28. _____	

Comments:

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U.S. ENVIRONMENTAL
PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. Ion exchange of well water for rinsing of parts prior to painting, corrosive liquid		
B. EPA hazardous waste code Page 19. D 0 0 2 N A N A N A N A		C. State hazardous waste code Page 19. _____		
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19 System Type L M _____	F. Source code Page 20. A 0 6	G. Point of measurement Page 20. 2	H. Form code Page 20. B 1 1 9
I. RCRA - radioactive mixed Page 20. 2				

Sec. II		A. Quantity generated in 1992 Instruction Page 21. 7 8 5 4 0 0 .		B. Quantity generated in 1993 Page 21. 2 0 1 6 0 0 .		C. UOM Page 21. 5 8 3 5 <input checked="" type="checkbox"/> lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. M 1 2 1		Quantity treated, disposed, or recycled on site in 1993 2 0 1 6 0 0 .		On-site process system type Page 22. M N A		Quantity treated, disposed, or recycled on site in 1993 N A			

Sec. III		A. Was any of this waste shipped off-site in 1993 Instruction page 23. <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. IV)		
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. M _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. M _____	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24. L W 5 1 L W N A L W N A L W N A	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. N A	E. Activity/production index Page 25. 1 2	F. 1993 source reduction quantity Page 26. 7 0 0 5 6 0 .	

Comments:

Reference Sec. 1, Box H, Spent Acid & Caustic Liquids from Ion Exchange Column

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1993 Hazardous Waste Report

WASTE GENERATION
AND MANAGEMENTFORM
GM

AMANA REFRIGERATION

IAD000610436

Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I		A. Waste description - Instruction page 18. DI chrome regenerate from ion exchange recycling system, corrosive liquid containing chrome				
B. EPA hazardous waste code Page 19. D 0 0 7 D 0 0 2 N A N A N A		C. State hazardous waste code Page 19. _____				
D. SIC code Page 19. 3 6 3 2	E. Origin code Page 19. System _____ Type L M _____	F. Source code Page 20. A 2 9	G. Point of measurement Page 20. 2	H. Form code Page 20. B 1 1 9	I. RCRA - radioactive mixed Page 20. 2	

Sec. II		A. Quantity generated in 1992 Instruction Page 21. 7 1 6 2 5 0 0		B. Quantity generated in 1993 Page 21. 1 0 7 0 4 3 5		C. UOM Density Page 21. 5 8.34 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2							
On-site process system type Page 22. M 0 7 7		Quantity treated, disposed, or recycled on site in 1993 1 0 7 0 4 3 5		On-site process system type Page 22. M		Quantity treated, disposed, or recycled on site in 1993 _____			

Sec. III		A. Was any of this waste shipped off-site in 1993 <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) Instruction page 23. <input checked="" type="checkbox"/> 2 No (SKIP TO SEC IV)				
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. M	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____		
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. _____	C. System type shipped to Page 23. M	D. Off-site availability code Page 23. _____	E. Total quantity shipped in 1993 Page 23. _____		

Sec. IV		A. Did new activities in 1993 result in minimization of this waste? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) Instruction page 24. <input type="checkbox"/> 2 No (THIS FORM IS COMPLETE)			
B. Activity Page 24. W 0 1 W 4 2 W 5 1 W N A	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1993 due to new activities Page 25. 6 0 9 2 0 6 5	E. Activity/production index Page 25. 1.2	F. 1993 source reduction quantity Page 26. 7 3 1 0 4 7 8	

Comments:

Reference Sec. 1, Box F Chrome Rinse Prior to Painting
 Reference Sec. 1, Box H Mixture of B103 & B106
 Reference Sec. 1, Box A 1992 Chrome DI Recycling was not on line; all waste was treated at Waste Treatment.

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PROTECTION AGENCY

1993 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 18 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.
Chrome seal prior to paint mixture of chrome & water, chrome containing liquid

B. EPA hazardous waste code Page 19.

D 0 0 7 N A
N A N A N A

C. State hazardous waste code Page 19.

D. SIC code Page 19.

3 6 3 2

E. Origin code Page 19

System
Type L M

F. Source code Page 20.

A 2 9

G. Point of measurement
Page 20.

2

H. Form code
Page 20.

B 1 0 3

I. RCRA - radioactive mixed Page 20.

2

Sec. II A. Quantity generated in 1992 Instruction Page 21. B. Quantity generated in 1993 Page 21. C. UOM Density Page 21. D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.

8 1 9 0 0 8 3 7 2 0 5 8 3 4
☒ 1 lbs/gal ☐ 2 sg
☒ 1 Yes (CONTINUE TO SYSTEM 1)
☐ 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type
Page 22.

L M 0 7 7

Quantity treated, disposed, or recycled
on site in 1993

8 3 7 2 0

ON-SITE PROCESS SYSTEM 2

On-site process system type
Page 22.

L M N A

Quantity treated, disposed, or recycled on site
in 1993

Sec. III A. Was any of this waste shipped off-site in 1993 ☐ 1 Yes (CONTINUE TO BOX B)
Instruction page 23. ☒ 2 No (SKIP TO SEC IV)

Site 1

B. EPA ID No. of facility waste was shipped to
Page 23.

C. System type shipped to
Page 23.

L M

D. Off-site
availability code
Page 23.

E. Total quantity shipped in 1993
Page 23.

Site 2

B. EPA ID No. of facility waste was shipped to
Page 23.

C. System type shipped to
Page 23.

L M

D. Off-site
availability code
Page 23.

E. Total quantity shipped in 1993
Page 23.

Sec. IV A. Did new activities in 1993 result in minimization of this waste? ☐ 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. ☒ 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24.

L W L W
L W L W

C. Other effects Page 24.

☐ 1 Yes
☐ 2 No

D. Quantity recycled in 1993 due to new activities
Page 25.

E. Activity/production
index Page 25.

F. 1993 source reduction quantity Page 26.

Comments:

Reference Sec. 1, Box F Chrome Seal Prior to Painting

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1993 Hazardous Waste Report

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description
Instruction Page 38.

Neutralization of Sodium Salts

B. System type
Page 38.

M 1 2 1

C. Regulatory status
Page 38.

0 2

D. Operational status
Page 38.

0 1

E. Unit types
Page 38.

0 1 N A

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 1 1 2 1 1 2 UOM 1 Density

RCRA 1 1 2 1 1 2 ☐ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 2 0 2 6 6 4

RCRA

C. 1993 liquid effluent quantity
Instruction page 42.

Total 1 1 2 1 1 2 UOM 1 Density

RCRA 0 0 0 ☐ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total 3 0 3 UOM 2 Density

RCRA 0 0 0 ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.1. 0 4 2. 0 5 3. 0 7F. Commercial capacity availability code
Page 43.1G. Percent capacity commercially available
Page 43.0 %

Comments:

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1993 Hazardous Waste Report

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FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38.

Neutralization of Ion Exchange Regenerations

B. System type
Page 38.

M 1 2 1

C. Regulatory status
Page 38.

0 2

D. Operational status
Page 38.

0 1

E. Unit types
Page 38.

0 1 N A

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 2 0 1 6 0 0 UOM 5
 RCRA 2 0 1 6 0 0

Density 8.35
☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 9 8 7 0 0 0
 RCRA 9 8 7 0 0 0

C. 1993 liquid effluent quantity
Instruction page 42.

Total 2 0 1 6 0 0 UOM 5
 RCRA N A

Density 8.35
☒ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total N A UOM Density
 RCRA N A ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.

1. 0 9 2. 0 4 3. 0 6

F. Commercial capacity availability code
Page 43.

1

G. Percent capacity commercially available
Page 43.

0 %

Comments:

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1993 Hazardous Waste Report

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HWY 220

AMANA, IA 52204

FORM
PSWASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38. Recycling of D007 with an ion exchange unit

B. System type
Page 38.

M 0 7 8

C. Regulatory status
Page 38.

0 2

D. Operational status
Page 38.

0 1

E. Unit types
Page 38.

0 1 N A

Sec. II

A. 1993 influent quantity
Instruction page 40.

Total 2 1 5 9 5 8 5 2 UOM 5

RCRA 2 1 5 9 5 8 5 2

Density 8 3 4

☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity
Page 41.

Total 2 5 3 8 0 0 0 0

RCRA 2 5 3 8 0 0 0 0

C. 1993 liquid effluent quantity
Instruction page 42.

Total 1 0 7 0 4 3 5 UOM 5

RCRA 1 0 7 0 4 3 5

Density 8 3 4

☒ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity
Page 42.

Total N A UOM Density

RCRA N A ☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity
Page 43.

1. 0 4 2. 0 5 3. 0 7

F. Commercial capacity availability code
Page 43.

1

G. Percent capacity commercially available
Page 43.

0 %

Comments:

Sec. I, Box B This is a chrome containing waste recycled through a Ion exchange unit.

Sec. II, Box D All effluents from this system are sent to a chemical precipitation unit. The quantity of solid / sludges will be reported on PS form Page 18 of 20.

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HWY 220

IAD000610436

FORM
PS

AMANA, IA 52204

WASTE TREATMENT,
DISPOSAL, OR RECYCLING
PROCESS SYSTEMS

INSTRUCTIONS: Read the detailed instructions beginning on page 33 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I

A. Waste treatment, disposal, or recycling system description

Instruction Page 38.

Chemical Precipitation of Chrome Waste D007

B. System type

Page 38.

M 0 7 7

C. Regulatory status

Page 38.

0 2

D. Operational status

Page 38.

0 1

E. Unit types

Page 38.

0 1 0 2

Sec. II

A. 1993 influent quantity

Instruction page 40.

Total 1 1 5 4 1 1 5 . 5 UOM

RCRA 1 1 5 4 1 1 5 . 5

Density 8 . 3 4

☒ 1 lbs/gal ☐ 2 sg

B. Maximum operational capacity

Page 41.

Total 5 2 6 7 5 3 4 .

RCRA 5 2 6 7 5 3 4 .

C. 1993 liquid effluent quantity

Instruction page 42.

Total 1 1 5 4 1 1 5 . 5 UOM

RCRA 0 0 . 0

Density 8 . 3 4

☒ 1 lbs/gal ☐ 2 sg

D. 1993 solid/sludge residual quantity

Page 42.

Total 3 0 3 . 2 UOM

RCRA 0 0 . 0

Density

☐ 1 lbs/gal ☐ 2 sg

E. Limitation on maximum operational capacity

Page 43.

1. 0 4 2. 0 6 3. 0 5

F. Commercial capacity availability code

Page 43.

1

G. Percent capacity commercially available

Page 43.

0 %

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Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

FORM
01OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>I, N, D, 0, 1, 6, 6, 2, 1, 4, 7, 6</u>	B. Name of off-site installation or transporter Ashland Chemical Co.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street <u>1817 W. Indiana Avenue</u> City <u>South Bend</u> State <u>I, N</u> Zip <u>4, 6, 6, 1, 3</u> - <u> </u>	
Site 2	A. EPA ID No. of off-site installation or transporter <u>I, N, D, 9, 8, 0, 5, 9, 0, 9, 4, 7</u>	B. Name of off-site installation or transporter Industrial Fuels & Resources
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>604 S. Scott Street</u> City <u>South Bend</u> State <u>I, N</u> Zip <u>4, 6, 6, 2, 5</u> - <u> </u>	
Site 3	A. EPA ID No. of off-site installation or transporter <u>T, X, D, 0, 5, 5, 1, 4, 1, 3, 7, 8</u>	B. Name of off-site installation or transporter Rollins Environmental Services (TX) Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>2027 Battleground Road</u> City <u>Deer Park</u> State <u>T, X</u> Zip <u>7, 7, 5, 3, 6</u> - <u> </u>	
Site 4	A. EPA ID No. of off-site installation or transporter <u>M, I, N, D, 0, 2, 2, 9, 6, 9, 0, 2, 6</u>	B. Name of off-site installation or transporter Dahlen Transport Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street _____ City _____ State <u> </u> Zip <u> </u> - <u> </u>	
Site 5	A. EPA ID No. of off-site installation or transporter <u>L, A, D, 0, 1, 0, 3, 9, 5, 1, 2, 7</u>	B. Name of off-site installation or transporter Rollins Environmental Services (LA) Inc.
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street <u>13351 Scenic Highway</u> City <u>Baton Rouge</u> State <u>L, A</u> Zip <u>7, 0, 8, 0, 7</u> - <u> </u>	

Comments:

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1993 Hazardous Waste Report

AMANA REFRIGERATION
Cynthia A. Baldwin
HWY 220

AMANA, IA 52204

FORM
01OFF-SITE
IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter I, A, D, 0, 2, 2, 3, 6, 5, 4, 8, 0	B. Name of off-site installation or transporter Northland Products Company
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of generator Street 1000 Rainbow Drive City Waterloo State I, A, Zip 5, 0, 7, 0, 4, -	
Site 2	A. EPA ID No. of off-site installation or transporter 	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street City State Zip	
Site 3	A. EPA ID No. of off-site installation or transporter 	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street City State Zip	
Site 4	A. EPA ID No. of off-site installation or transporter 	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street City State Zip	
Site 5	A. EPA ID No. of off-site installation or transporter 	B. Name of off-site installation or transporter
C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of generator Street City State Zip	

Comments: